



GENERAL INSTRUCTIONS FOR VENDOR REGISTRATION APPLICATION

The Vendor Registration Application, form DT1025 identifies essential information about your business and is a substitute W-9 for IRS purposes. Please read all instructions carefully before completing your application, which should be returned within 10 days of receipt. Completing this application will give the Department the information needed to buy goods and services from you and/or to make payments to you or your business. Please type or print all information on your application except for the required signature.

Wisconsin Department of Transportation
Purchasing
4802 Sheboygan Avenue
P.O. Box 7396
Madison, WI 53707-7396

Telephone: 608-267-7723
FAX: 608-267-3609

PART 1.....VENDOR REGISTRATION APPLICATION

This section provides the Department with basic information or a profile of your business. Responses to each of the questions are necessary in order to provide you with the proper solicitation, at the proper time, sent to the proper address. Please complete this section using the following instructions.

TIN No. (Taxpayer Identification Number): Provide either your Federal Employer's Identification Number (FEIN) OR your Social Security Number (SSN) in the space provided at the top left section of the application. This number will be the key to your file. Please provide only one of the number types, and indicate in the box provided which type of number it is.

How to obtain a TIN: If you do not have a TIN, you should apply for one immediately. To apply for the number, obtain Federal Form SS-05, Application for a Social Security Number Card (for individuals) or Federal Form SS-4, Application of Employer Identification Number (for businesses and all other entities), at your local office of the Social Security Administration or the Internal Revenue Service (IRS). Complete and file the appropriate form according to its instructions.

LEGAL NAME: Enter the name under which you legally do business in the State of Wisconsin. The name that you designate as the name of your organization must be the same as the name that you list on bids or other legal documents with the State of Wisconsin, and the name recorded with the IRS. **For individuals and sole proprietorship, enter last name first, followed by first name and middle initial. Do NOT enter the business name of a sole proprietorship.**

BUSINESS NAME, if applicable, enter the "Doing Business As" name, or business name of sole proprietorship.

BUSINESS ADDRESS INFORMATION: Four address categories are in this section. Please enter the exact mailing address of your organization in the appropriate location. Enter the name, position, and phone number of the person in your organization who will serve as your main representative to the Department of Transportation.

General Street Address is required for us to register your business. It will also be used for IRS form 1099 reporting. If this is the only address that your business has, it is not necessary to fill out the other address categories.

Solicitation Address, if applicable, is for your receipt of solicitation or bid documents.

Order Address, if applicable, is for your receipt of purchase orders.

Payee Address, if applicable, is for your receipt of payments.

BUSINESS TYPE: Select the ONE most appropriate type that best describes your business relationship to the Wisconsin Department of Transportation. For purposes of this application, the following definitions will apply:

- o **Manufacturer** - firm that manufactures or produces equipment, products, or goods.
- o **Retailer** - firm that sells to the general public.
- o **Wholesaler** - firm that sells to a retailer.
- o **Service** - firm that provides a service as opposed to goods or commodities.
- o **Consulting** - firm that provides professional advice or services based on specialized education or training, and proven experience.
- o **Construction** - firm engaged in the building of roads, buildings, airports, railroads, harbors, and related items.
- o **Printer** - firm whose primary function is the printing of items generally with the use of printing presses or other specialized printing or duplicating equipment.
- o **Work Center** - charitable organization or nonprofit institution licensed under s.104.07 Wisconsin Statutes.

ORGANIZATION TYPE: Indicate the ONE organization type that describes your business entity. If necessary, mark the "Other" type and specify the correct classification in the space provided.

BUSINESS OWNERSHIP: Indicate under the appropriate heading if your business is small or large. Large business is equal to or greater than \$1.5 million in annual gross sales for the most recent calendar/fiscal year. Small business is less than \$1.5 million in annual gross sales for the most recent calendar/fiscal year. For purposes of this application, the following definitions will apply:

Female or Minority owned - at least 51% of the firm is owned, controlled, and operated by the appropriate group. Firms claiming any of these statuses must be prepared to submit proof of their claim.

ETHNICITY: Indicate the ONE category that is most descriptive of your organization. At least 51% of your organization must be owned, controlled, and operated by the selected ethnic group.

ANNUAL SALES: Indicate in the appropriate space your total annual gross sales for the most recent calendar or fiscal year.

COMPANY E-MAIL ADDRESS: Enter your company e-mail address rather than an individual's e-mail, unless that is all you have.

COMPANY INTERNET URL: Enter your company's URL (Uniform Resource Locator), i.e., your company's Internet address.

APPLICANT SIGNATURE AND NAME: Print or type the applicant's name and title. That same person should sign and date the application. The signature should be an authorized signature, generally the person whose name is on the top line of the form, a partner in the partnership, or an officer of the corporation. For a joint account, only the person whose TIN is shown should sign the form.

Federal Privacy Act Notice: Section 6109 of the Internal Revenue Code requires you to provide your correct taxpayer identification number (TIN) to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Americans with Disabilities Act: The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.

PART 2.....CODING FOR GOODS OR SERVICES

The purpose of this part of the application is to match a business with the particular commodity or service it provides and the county(ies) in which it will provide them. Enclosed is a directory of commodities and services with corresponding class/subclass codes. It is sorted two ways: the first is by class/subclass, and the second is alphabetical by commodity or service description. In the space(s) provided on the reverse side of the application, indicate by class/subclass which commodities and or services for which you wish to receive solicitations. Enough space is provided for 90 class/subclass entries. If you need more room, please photocopy as many forms as you need.

Finally, if your firm will provide delivery and/or service to the entire state of Wisconsin, please check the "YES" box, and no other. If your firm will provide delivery/service only to certain counties, please check the "NO" box, and indicate which counties apply.